FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FUNITORIC FILLI	0
1996	

DOCUN 1. Corporation	MENT # 69272 ANCE EXPEDITIONS, INC	22 (2)						
00110	WOL DU COMONO MO	,,,						
Principal Place	of Business	Mailing Address					*****	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
27366 CAYMAN LANE SUMMERLAND KEY FL 33042		SUMMERLAND KEY	27366 CAYMAN LANE SUMMERLAND KEY FL 33042					
US		US			3. Date Incorporated or Qualified 07/01/1981	3a. Date of 04	Last Re /27/19	-
2. Principal Pla	Principal Place of Business 2a.		Mailing Address		4. FEI Number			pplied For
Suite, Apt. #	oto	Suite, Apt. #, etc.	Suite Ant # etc		59-2111041		Not Applicable \$8.75 Additional	
22	, 6 10.	27	Soite, Apr. #, etc.		5. Certificate of Status Desired	X ,		tequired
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
Ζφ 24]	Z _i p Country Z _i p		Country 30		8. This corporation has liability for Florida Statutes Yes	intangible tax u s □ No	nder s	199.032,
:4	9. Name and Address of Curre		1001		10. Name and Address of New	Registered Age	ent	
			81	Name				
	ron, G. Paul		82	Street Addr	ress (P.O. Box Number is Not Accepta	b'e)		
	Cayman Lane-Ramrod Erland Key Fl 33042		83					
SOMME	INDAND NET PL 33042		84	City			35 Zip	Code
				, ,	ration submits this statement for the pu	FL		
familiar with SIGNATURE	of agent, or both, in the State of Form, and accept the obligations of, Sec Synature, typed or printed ramo of registered agen	tion 607.0505, Florida Statutes	S. Ote: Registered Age			LIVITE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF			RS IN 12 Addition
TITLE	DPS	☐ DEFELE	1.1 TITLE 1.2 NAME			(L)	hange	L) Xaamon
NAME STREET ADDRESS	WHORTON, G PAUL 112 CAYMAN LANE-RAMR	nn	1.3 STREET	ADDRESS				
CiTY-ST-ZiP	SUMMERLAND KEY FL		1.4 CITY - S	ļ				
TITLE	S	☐ DELETE	2. 1 T:TLF		••••		Change	☐ Addition
NAME	OGLETREE, THOMAS V.	IDAD.	2.2 NAME					
STREET ADDRESS	27366 CAYMAN LANE-RAN SUMMERLAND KEY FL	IKUU	2.3 STREET 2.4 C/TY-5	l				
CITY-ST-ZIP TITLE	SUMMENLAND NET FL	DELETE	3 1 1/f(F	51 - ZIP			Change	☐ Addition
NAME			3.2 NAME	Ì				
STREET ADDRESS			33 STREE	T ADDRESS				
CITY - ST - ZIP		ED DE EK	3 4 CITY - S	I - ZIF			hance	- Add too
TITLE		☐ DELETE	4 1 111116			□ '	Change	Add tion
NAME CEDELL ADDRESS			4.2 NAME 4.3 STREE	A TORREGE				
STREET ADDRESS CHTY-ST-ZIP			4.4 Cily - 5					
TITLE		☐ DELETE	5 1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP		ET DELETE	5 4 CITY - 1	ST - ZIP	***		"hange	Addition
TITLE		DELETE	6 1 TITLE			₩.	Change	□ Voquion
NAME			6.2 NAME 6.3 STHEE	Anogres				
STREET ADDRESS CITY-ST-ZIP			6.4 C(1)Y-1					
14 Ldo borobi	certify that the information supplied	with this filing is voluntarily fur	nished and doe	s not qualify t	for the exemption stated in Section 119	9 07(3)(k), Florid	Statut	as. I further
oath; that i	the information indicated on this ann am an officer or director of the corp Block 12 or Block 13 if changed, or	oration or the receiver or truste	ee empowered	ue and accura to execute th	ate and that my signature shall have th is report as required by Chapter 607, I	Torida Statutes;	and tha	t my name

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/96
(305) 872-3995